

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000		32BJ BENEFITS										
REMITTANCE REPORT		EIN:												
Due Date: APRIL 19, 2007		Account # 02819-04452-0003-0001-10		Receipt # 2122168										
Building Name:		Address: 101 MURRAY STREET												
Month End Date 03/31/2007		<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> 401k	<input type="checkbox"/> Training							
Quarter End Date 03/31/2007		<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing	<input checked="" type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training							
LINE #	Employee Last Name	SSN	Inlt	Job Class	Full Time / Part Time	Experienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Month	Wages	401k
1	DAWKINS	078-62-3375	A	OT	F	Y				13	3			
2	FIDZINSKI	063-64-6660	B	OT	F	Y				13	3			
3	MEIKLE	101-66-1100	L	OT	F	Y				13	3			
4	NILAJ	109-88-2606	G	OT	P	Y				13	3			
TOTALS:										52	12			
FUNDS		Current Due		Advance Requirement Payment				Previous Amount Due (owed)		Total Due per Fund				
		Rate	Time Unit	Total	Rate	Time Unit	Total							
Health		899.22	x 12	10790.64	899.22	x								
Pension		58.75	x 52	3055.00										
Legal		18.63	x 12	223.56	18.63	x								
Profit Sharing		13.00	x 52	676.00										
401k														
Training		12.13	x 12	145.56	12.13	x								
Prepared By: MARTI LINCOLN		Title: HR/BENEFITS ADMINISTRATOR		TOTAL DUE		14890.76								
Email: MLINCOLN@GCA-SERVICES.COM		Phone: (718) 990-1554		Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10288-1477										
Signature: <i>Marti Lincoln</i>		Date:												
Comments:														
For questions regarding completion of this report or remittance of contributions, please contact Employer Services at (212) 388-3354														

032207

PAGE 1 OF 1

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds REMITTANCE REPORT EIN:		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000			
Due Date: APRIL 19, 2007		Account # 02819-05755-0003-0001-10		Receipt # 2122172	
Building Name: ST JOHNS UNIVERSITY		Address: RT ST. JOHNS UNIVERSITY			
Month End Date 03/31/2007		<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing
Quarter End Date 03/31/2007		<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing
		<input type="checkbox"/> 401k	<input type="checkbox"/> Training		
		<input checked="" type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training		

Employee Last Name	Init	Job Class	Full Time/Part Time	Exp. Status	Emp. Status Change Reason	Employee Status Change Date	Hours	Wkly	Monthly	Adv. Month	Wages	401k
ADAMS	J	OT	F	Y				13	3			
085-46-6024												
ALVAREZ	G	OT	F	Y				13	3			
111-46-0534												
ALZATE	M	OT	F	Y				13	3			
150-92-8922												
APONTE	N	OT	F	Y				13	3			
128-78-8728												
ARISTIZABAL	G	OT	F	Y				13	3			
121-92-7840												
ARNE	G	OT	F	Y				13	3			
082-82-1260												
ASENCIO	A	OT	F	N				13	3			
105-76-3925												
SENCIT	A	OT	F	Y				13	3			
084-44-0101												
BETANCOURT	D	OT	F	Y				13	3			
061-46-7344												
BOBKO	A	OT	F	Y				13	3			
054-56-1581												
BORBOR	A	OT	F	Y				13	3			
063-74-4489												
BOYCE	V	OT	F	Y				13	3			
058-58-8116												
TOTALS:							154	36				

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x		899.22	x			
Pension	58.75	x						
Legal	18.63	x		18.63	x			
Profit Sharing	13.00	x						
401k								
Training	12.13	x		12.13	x			

Prepared By: MARTI LINCOLN		Title: HR/BENEFITS ADMINISTRATOR		TOTAL DUE Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10289-1477	
Email: MLINCOLN@GCA-SERVICES.COM		Phone: (718) 990-1554			
Signature: <i>Marti Lincoln</i>		Date:			
Comments:					

For questions regarding completion of this report, or remittance of contributions, please contact Employer Services at (212) 338-3354

032207

PAGE 1 OF 11

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds REMITTANCE REPORT EIN:		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000		32BJ BENEFITS								
Due Date: APRIL 19, 2007		Account# 02819-05755-0003-0001-10		Receipt# 2122172								
Building Name: ST. JOHN'S UNIVERSITY		Address: RT ST. JOHN'S JAMAICA										
Month End Date 03/31/2007		<input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Legal <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 401k <input type="checkbox"/> Training										
Quarter End Date 03/31/2007		<input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Pension <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Profit Sharing <input checked="" type="checkbox"/> Training										
Employee Last Name		Init	Job Code	Full Time / Part Time	Exp. Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Months	Wages	401k
SSN												
CALVANTO		D	OT	F	N			13	3			
072-52-9402												
CAMILLI		A	OT	F	Y			13	3			
123-62-1322												
CAMPBELL		A	OT	F	Y			13	3			
102-34-0681												
CAMPOS		N	OT	F	N				3			
085-75-2642												
CAPELLAN		R	OT	F	Y			13	3			
077-62-5522												
CARABALLO		R	OT	F	Y			13	3			
099-52-9301												
CASTAGNETTO		M	OT	F	Y			10	3			
114-70-1258												
CASTILLO		M	OT	F	Y			13	3			
582-48-4157												
CUADRO		N	OT	F	Y	HI 11/10/2006		12	2	2		
051-80-2921												
CHEN		X	OT	F	Y			13	3			
122-74-0634												
CIAROS		J	OT	F	N				3			
050-68-0145												
COLORADO		J	OT	F	Y			13	3			
059-74-5244												
TOTALS:							125	35				
FUND		Current Due			Advance Requirement Payment			Previous Amount Due (Owed)		Total Due per Fund		
		Rate	Time Unit	Total	Rate	Time Unit	Total					
Health		899.22	X		899.22	X						
Pension		58.75	X									
Legal		18.63	X		18.63	X						
Profit Sharing		13.00	X									
401k												
Training		12.13	X		12.13	X						
Prepared By: MARTI LINCOLN							Title: HR/BENEFITS ADMINISTRAT		TOTAL DUE			
Email: MLINCOLN@GCA SERVICES.COM							Phone: (718) 990-1554		Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477			
Signature: <i>Marti Lincoln</i>							Date:					
Comments:												
For questions regarding completion of this report or remittance of contributions, please contact Employer Services at (212) 388-3354												

032207

PAGE 2 OF 11

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds REMITTANCE REPORT EIN:		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000			
Due Date: APRIL 19, 2007		Account # 03819-05755-0003-0001-10		Receipt # 2122173	
Building Name: ST JOHN'S UNIVERSITY		Address: RT ST. JOHN'S JAMAICA			
Month End Date 03/31/2007		<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing
Quarter End Date 03/31/2007		<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing
		<input type="checkbox"/> 401k	<input type="checkbox"/> Training		
		<input checked="" type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training		

L N B	Employee Last Name	SSN	Init	Job Class	Full Time/ Part Time	Expe- rienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Months	Wages	401k
✓	CONDE	116-46-3096	A	OT	F	Y				13	3			
✓	CORNIER	092-36-0274	R	OT	F	Y				13	3			
✓	DAVILA	127-64-2883	M	OT	F	Y				13	3			
✓	DE NOVELLIS	107-40-8532	V	OT	F	Y				13	3			
✓	DEBRILL	138-66-1125	P	OT	F	Y				13	3			
✓	DEINGENIIS	131-36-4267	R	OT	F	Y	SD	12/01/2006		11				
✓	DICE	067-56-6141	R	OT	F	Y				13	3			
✓	DICE	067-56-7622	R	OT	F	Y				13	3			
✓	ENCHANTEQUI	068-61-1008	M	OT	F	Y				13	3			
✓	PLETCHER	052-48-7122	D	OT	F	Y				13	3			
✓	PONTANES	080-90-6125	D	OT	F	Y				13	3			
✓	FRANCO	076-56-4992	Y	OT	F	Y				13	3			
TOTALS:										153	33			

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x	=	899.22	x	=		
Pension	58.75	x	=					
Legal	18.63	x	=	18.63	x	=		
Profit Sharing	13.00	x	=					
401k								
Training	12.13	x	=	12.13	x	=		

Prepared By: MARTI LINCOLN Email: MLINCOLN@GCA-SERVICES.COM Signature: <i>Marti Lincoln</i> Comments:	Title: HR/BENEFITS ADMINISTRATOR Phone: (718) 990-1554 Date:	TOTAL DUE Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477
--	--	---

For questions regarding completion of this report, or remittance of contributions, please contact Employer Services at (212) 388-3354

032207

PAGE 3 OF 11

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds REMITTANCE REPORT EIN:		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000			
Due Date: APRIL 19, 2007		Account # 02819-05755-0003-0001-10		Receipt # 2122172	
Building Name: ST JOHNS UNIVERSITY		Address: RT ST. JOHNS JAMAICA			
Month End Date 03/31/2007		<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing
Quarter End Date 03/31/2007		<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing
		<input type="checkbox"/> 401k	<input type="checkbox"/> Training		
		<input checked="" type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training		

LINE	Employee Last Name	SSN	Job Class	Full Time / Part Time	Exempt	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Month	Wages	401k
1	FRIRE	056-62-9060	J	OT	F	Y			13	3			
2	GARELA	128-54-9086	J	OT	F	Y			13	3			
3	GALARCE	119-60-7507	F	OT	F	Y			13	3			
4	GALATA	122-43-0909	R	OT	F	Y			13	3			
5	GALICIA	085-72-7117	R	OT	F	Y			13	3			
6	GARCIA	110-46-5303	G	OT	F	Y			13	3			
7	GEVAD	124-36-3529	R	OT	F	Y			13	3			
8	GBRDCVCI	102-88-3179	R	OT	F	Y			13	3			
9	GTACOMANTON	109-38-2385	M	OT	F	Y			13	3			
10	GOMEZ	083-74-8825	J	OT	F	Y			13	3			
11	GUENAN	053-42-5341	O	OT	F	Y			13	3			
12	HAYNES	074-60-1980	T	OT	F	Y			13	3			
TOTALS:								147	36				

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x		899.22	x			
Pension	58.75	x						
Legal	18.63	x		18.63	x			
401k	13.00	x						
Training	12.13	x		12.13	x			
TOTAL DUE								

Prepared By: MARTI LINCOLN	Title: HR/BENEFITS ADMINISTRAT	Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477
Email: MLINCOLN@GCASERVICES.COM	Phone: (718) 990-1554	
Signature: <i>Marti Lincoln</i>	Date:	
Comments:		

For questions regarding completion of this report, or remittance of contributions, please contact Employer Services at (212) 388-3354

032207

PAGE 4 OF 11

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds REMITTANCE REPORT EIN:		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000		32BJ BENEFITS									
Due Date: APRIL 19, 2007		Account # 02819-05755-0003-0001-10		Receipt # 2122172									
Building Name: ST JOHN'S UNIVERSITY		Address: ST. JOHN'S JAMAICA											
Month End Date 03/31/2007		<input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Legal <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 401k <input type="checkbox"/> Training											
Quarter End Date 03/31/2007		<input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Pension <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Profit Sharing <input checked="" type="checkbox"/> Training											
Employee Last Name		Int	Job Class	Full Time / Part Time	Experienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Member	Wages	401k
SSN													
HELPERICH		G	OT	F	Y	WC	1/29/2007		1				
083-44-6084													
HERRERA		A	OT	F	Y				18.25	3			
101-86-0643													
HENITT		J	OT	F	Y				13	3			
104-64-1938													
HIDROVO		L	OT	F	Y				13	3			
123-48-5472													
HINKSON		A	OT	F	Y				13	3			
106-52-0101													
IBARRA		M	OT	P	Y	TR	1/21/2007		13	3			
111-74-6362													
INZANI		F	OT	F	Y				13	3			
124-48-5329													
JACQUES		A	OT	F	Y				13	3			
093-66-4635													
JOHNSON		D	OT	P	Y				13	3			
053-44-6563													
KALARITIS		A	OT	F	Y				13	3			
132-72-3056													
KNIPPING		A	OT	F	Y				13	3			
051-72-0141													
KOMOSINSKI		J	OT	F	Y				13	3			
089-62-9478													
TOTALS:								143	33				
FUND		Current Due			Advance Requirement Payment			Previous Amount Due (Owed)		Total Due per Fund			
		Rate	Time Unit	Total	Rate	Time Unit	Total						
Health		899.22	x		899.22	x							
Pension		58.75	x										
Legal		18.63	x		18.63	x							
Profit Sharing		13.00	x										
401k													
Training		12.13	x		12.13	x							
Prepared By: MARTI LINCOLN		Title: HR/BENEFITS ADMINISTRAT			TOTAL DUE								
Email: MLINCOLN@GCA-SERVICES.COM		Phone: (718) 990-1554											
Signature: <i>Marti Lincoln</i>		Date:											
Comments:													
For questions regarding completion of this report or remittance of contributions, please contact Employer Services at (212) 388-3354													

032207

PAGE 5 OF 11

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds REMITTANCE REPORT EIN:		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000		32BJ BENEFITS									
Due Date: APRIL 19, 2007		Account # 02019-05755-0003-0001-10		Receipt # 2122172									
Building Name: ST JOHNS UNIVERSITY		Address: RT ST. JOHNS JAMAICA											
Month End Date 03/31/2007		<input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Legal <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 401k <input type="checkbox"/> Training											
Quarter End Date 03/31/2007		<input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Pension <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Profit Sharing <input checked="" type="checkbox"/> Training											
LINE	Employee Last Name SSN	Init	Job Class	Full Time/ Part Time	Expe- rienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Months	Wages	401k
✓	KOSZER 102-50-5256	S	OT	F	Y				13	3			
✓	KRUKOWSKI 079-84-0804	M	OT	F	Y				13	3			
✓	LAUCELLA 070-54-2027	M	OT	F	Y				13	3			
✓	LBHTZ 076-52-1362	P	OT	F	Y				13	3			
✓	LIGGAYU 090-78-2407	J	OT	F	Y				13	3			
✓	LIN 502-94-3808	A	OT	F	Y	HI	1/08/2007		17	3	2		
✓	LOCCICERO 100-52-3088	A	OT	F	Y				13	3			
✓	LOHDDNO 069-94-7121	J	OT	F	N				13	3			
✓	LOPEZ 058-70-0454	B	OT	F	Y				13	3			
✓	LOPEZ 126-80-4089	J	OT	F	N				13	3			
✓	LUNA 061-70-1991	B	OT	F	Y				13	3			
✓	MARTINEZ 582-25-9318	G	OT	F	Y				13	3			
TOTALS:								155	33				
Current Due				Advance Requirement Payment				Previous Amount Due (Owed)		Total Due per Fund			
FUNDS	Rate	Time Unit	Total	Rate	Time Unit	Total							
Health	899.22	x		899.22	x								
Pension	58.75	x											
Legal	18.63			18.63	x					x			
Profit Sharing	13.00	x											
401k													
Training	12.13	x		12.13	x								
Prepared By: MARTI LINCOLN								Title: HR/BENEFITS ADMINISTRAT		TOTAL DUE			
Email: MLINCOLN@GCA SERVICES.COM								Phone: (718) 990-1554		Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10288-1477			
Signature: <i>Marti Lincoln</i>								Date:					
Comments:													
For questions regarding completion of this report or remittance of contributions, please contact Employer Services at (212) 388-3354													

033207

PAGE 6 OF 11

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds REMITTANCE REPORT EIN:		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000		32BJ BENEFITS									
Due Date: APRIL 19, 2007		Account# 02819-05755-0003-0001-10		Receipt# 2132172									
Building Name: ST JOHN'S UNIVERSITY		Address: ST. JOHN'S UNIVERSITY											
Month End Date 03/31/2007		<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> 401k	<input type="checkbox"/> Training						
Quarter End Date 03/31/2007		<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing	<input checked="" type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training						
LINE	Employee Last Name	Init	Job Class	Full Time / Part Time	Experienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Acc. Months	Wages	401k
1	MATTIELLO	J	OT	F	Y				13	3			
	062-56-5501												
2	MEJIA	J	OT	F	N				13	3			
	105-69-8223												
3	MENDEZ	R	OT	F	Y				13	3			
	110-68-8613												
4	MONTEITH	J	OT	F	Y				13	3			
	131-42-7941												
5	MORTON	A	OT	F	Y				13	3			
	521-80-5714												
6	MOY	H	OT	F	Y	NI	11/10/2006		13	2	2		
	092-46-6893												
7	MULVANEY	R	OT	F	Y				9	2	2		
	121-52-0963												
8	NAOURE	A	OT	F	N				13	3			
	146-08-3299												
9	NOGA	L	OT	F	Y				13	3			
	117-56-1841												
10	NOGUEROLE	R	OT	F	Y				13	3			
	072-54-1546												
11	O. BRIBN	G	OT	F	Y				13	3			
	122-64-6264												
12	OUK	K	OT	F	Y	HS	7/09/2006		13	3			
	124-64-4922												
TOTALS:								151	34				
FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund					
	Rate	Time Unit	Total	Rate	Time Unit	Total							
Health	899.22	x		899.22	x								
Pension	58.75	x											
Legal	18.63	x		18.63	x								
Profit Sharing	13.00	x											
401k													
Training	12.13	x		12.13	x								
Prepared By: MARTI LINCOLN							TOTAL DUE						
Title: HR/BENEFITS ADMINISTRATOR													
Email: MLINCOLN@GCA SERVICES.COM							Phone: (718) 990-1554						
Signature: <i>Marti Lincoln</i>							Date:						
Comments:							Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10238-1477						
For questions regarding completion of this report or remittance of contributions, please contact Employer Services at (212) 388-3354													

032207

PAGE 7 OF 11

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds REMITTANCE REPORT EIN:		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4736 WESTERN AVENUE KNOXVILLE, TN 37921-0000		32BJ BENEFITS							
Due Date: APRIL 19, 2007		Account # 02819-05755-0003-0001-10		Receipt # 2122172							
Building Name: ST. JOHNS UNIVERSITY Address: RT. ST. JOHNS JAMAICA											
Month End Date 03/31/2007		<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing						
Quarter End Date 03/31/2007		<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing						
		<input type="checkbox"/> 401k	<input type="checkbox"/> Training								
		<input checked="" type="checkbox"/> Training									
LINE	Employee Last Name	Init	Job Class	Full Time / Part Time	Experienced						
	SSN										
✓	PATRIZZO	J	OT	F	Y						
	100-20-2271										
✓	PATRIZZO	M	OT	F	Y						
	092-56-1085										
✓	PAVLICK	G	OT	F	Y						
	129-48-5123										
✓	PELAEZ	M	OT	F	Y						
	051-04-3163										
✓	PEÑA	J	OT	F	Y						
	090-62-0305										
✓	PERRIS	R	OT	F	Y						
	129-58-4512										
✓	PERRIS	R	OT	F	Y						
	129-58-4572										
✓	PINEIRO	A	OT	F	Y						
	109-90-3716										
✓	POLICASTRI	I	OT	F	Y						
	066-58-7047										
✓	PRADO	C	OT	F	Y						
	562-62-3602										
✓	RUELLS	R	OT	F	Y						
	101-80-6370										
✓	QUINN	F	OT	F	Y						
	054-34-1085										
TOTALS:			135	31							
FUND		Current Due			Advance Requirement Payment			Previous Amount Due (Owed)		Total Due per Fund	
		Rate	Time Unit	Total	Rate	Time Unit	Total				
Health		899.22	X		899.22	X					
Pension		58.75	X								
Legal		13.63	X		18.63	X					
Profit Sharing		13.00	X								
401k											
Training		12.13	X		12.13	X					
Prepared By: MARTI LINCOLN		Title: HR/BENEFITS ADMINISTRATOR			TOTAL DUE						
Email: MLINCOLN@GCA SERVICES.COM		Phone: (718) 990-1554			Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477						
Signature: <i>Marti Lincoln</i>		Date:									
Comments:											

For questions regarding completion of this report or remittance of contributions, please contact Employer Services at (212) 338-3354

032207

PAGE 8 OF 11

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ
Benefit FundsREMITTANCE
REPORT

EIN:

GCA SERVICES GROUP INC
C/O MARTI LINCOLN
4726 WESTERN AVENUE
KNOXVILLE, TN 37921-0000

Due Date: APRIL 19, 2007

Account # 02819-05755-0003-0001-10

Receipt # 2122172

Building Name: ST JOHN'S UNIVERSITY

Address: RT ST. JOHN'S JAMAICA

Month End Date 03/31/2007 ☐ Health ☐ Pension ☐ Legal ☐ Profit Sharing ☐ 401k ☐ Training
 Quarter End Date 03/31/2007 ☒ Health ☒ Pension ☒ Legal ☒ Profit Sharing ☒ Training

LINE	Employee Last Name	SSN	Int	Job Class	FNU Time / Part Time	Exp. Ienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Month	Wages	401k
✓ 1	REINOSO	113-42-0092	R	OT	F	Y				13	3			
✓ 2	RODRIGUES	079-70-4115	M	OT	F	Y				13	3			
✓ 3	ROMAN	108-64-5426	P	OT	F	N				13	3			
✓ 4	ROSALLES	101-66-6335	M	OT	F	Y				13	3			
✓ 5	RUSSELL	076-34-5250	N	OT	F	Y				13	3			
✓ 6	SALAR	106-50-9818	N	OT	F	Y	WC	12/21/2006		10	2			
✓ 7	SALAZAR	066-70-6148	R	OT	F	Y				13	3			
✓ 8	SAMUELS	053-76-0995	Q	OT	F	Y				13	3			
✓ 9	SANGIOVANNI	064-62-8180	D	OT	F	Y				13	3			
✓ 10	SCARBOROUGH	051-40-5410	R	OT	F	Y				13	3			
✓ 11	SCHLESCHTER	055-36-6863	J	OT	F	Y				13	3			
✓ 12	SHIR	555-71-6663	P	OT	F	Y				13	3			
TOTALS:										153	35			

FUNDS	Current Due			Total	Advance Requirement Payment			Total	Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit			Rate	Time Unit				
Health	899.22	x			899.22	x				
Pension	58.75	x								
Legal	18.63	x			18.63	x				
Profit Sharing	13.00	x								
401k										
Training	12.13	x			12.13	x				

Prepared By: MARTI LINCOLN	Title: HR/BENEFITS ADMINISTRATOR	TOTAL DUE
Email: MLINCOLN@GCASSERVICES.COM	Phone: (718) 990-1554	Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10288-1477
Signature: <i>Marti Lincoln</i>	Date:	
Comments:		

For questions regarding completion of this report, or remittance of contributions, please contact Employer Services at (212) 388-3354

032207

PAGE 9 OF 11

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ

Benefit Funds

REMITTANCE

REPORT

EIN:

GCA SERVICES GROUP INC

C/O MARTI LINCOLN

4726 WESTERN AVENUE

KNOXVILLE, TN 37921-0000



Due Date: APRIL 19, 2007

Account # 02819-05755-0003-0001-10

Receipt # 2122172

Building Name: ST. JOHNS UNIVERSITY

Address: 21 ST. JOHNS JAMAICA

Month End Date 03/31/2007

☐ Health☐ Pension☐ Legal☐ Profit Sharing☐ 401k☐ Training

Quarter End Date 03/31/2007

☒ Health☒ Pension☒ Legal☒ Profit Sharing☒ Training

Employee Last Name	Init	Job Class	Full Time / Part Time	Exempt / Non-Exempt	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Months	Wages	401k
SITRO	P	OT	F	Y				13	3			
101-56-2766												
SOARES	A	OT	F	Y				13	3			
057-70-8496												
SOLOMON	G	OT	F	N				13	3			
089-62-8149												
SOTO	B	OT	F	N				13	3			
127-70-3977												
SOTO	P	OT	F	Y				13	3			
107-63-7260												
STEFANOVIC	G	OT	F	Y				13	3			
127-50-4609												
STRAZZERA	G	OT	F	Y				13	3			
089-48-0518												
STRUZZEIRI	J	OT	F	N				13	3			
095-70-3850												
SUCHOCKI	M	OT	F	Y				13	3			
055-71-2438												
SULLIVAN	T	OT	F	Y				13	3			
201-38-1708												
TATKOVIC	R	OT	F	Y				13	3			
081-76-6284												
THOMAS	C	OT	F	Y				13	3			
094-80-2396												
TOTALS:								155	36			

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x		899.22	x			
Pension	58.75	x						
Legal	18.63	x		18.63	x			
Profit Sharing	13.00	x						
401k								
Training	12.13	x		12.13	x			

Prepared By: MARTI LINCOLN

Title: HR/BENEFITS ADMINISTRATOR

TOTAL DUE

Email: MLINCOLN@GCASERVICES.COM

Phone: (718) 990-1554

Signature: *Marti Lincoln*

Date:

Comments:

Make check payable and
send payment to:
Building Service 32BJ Benefit Funds
P.O. Box 11477
New York, NY 10286-1477

For questions regarding completion of this report or remittance of contributions, please contact Employer Services at (212) 388-3354

032207

PAGE 10 OF 11

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds REMITTANCE REPORT EIN:		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000		32BJ BENEFITS								
Due Date: APRIL 19, 2007		Account # 32819-05755-0003-0001-10		Receipt # 2122172								
Building Name: ST JOHNS UNIVERSITY		Address: RT ST. JOHNS JAMAICA										
Month End Date 03/31/2007 <input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Legal <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 401k <input type="checkbox"/> Training		Quarter End Date 03/31/2007 <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Pension <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Profit Sharing <input checked="" type="checkbox"/> Training										
L I N E	Employee Last Name SSN	Job Class	Full Time / Part Time	Expe- rienced	Emp Status Change Reason	Employee Status Change Date	Hours	Wkly	Month	Adv. Months	Wages	401k
✓ 1	TIBO 102-78-9444	A	OT	F	Y			13	3			
✓ 2	TORTORELLI 109-68-1291	M	OT	F	Y			13	3			
✓ 3	TOT 118-60-9554	S	OT	F	Y			13	3			
✓ 4	TROCKS JR. 122-54-5789	N	OT	F	Y			13	3			
✓ 5	UNIGARRO 082-72-8329	A	OT	F	Y			13	3			
✓ 6	VILLAMIL 044-44-4875	R	OT	F	Y			13	3			
✓ 7	VITALE 087-69-7010	A	OT	F	Y			13	3			
✓ 8	WALSH 052-60-3700	S	OT	F	Y			13	3			
✓ 9	WILSON 068-60-6088	S	OT	F	Y			13	3			
✓ 10	ZAMBRANO 083-68-3759	A	OT	F	Y			13	3			
✓ 11	ZEPHIRIN 114-02-3369	L	OT	F	Y	RE 1/20/2007		11	3			
✓ 12	ZGALJARDIC 091-54-3762	D	OT	F	Y			15	3			
TOTALS:								154	375	6		
FUNDS		Current Due		Advance Requirement Payment		Previous Amount Due (Owed)		Total Due per Fund				
		Rate	Time Unit	Total	Rate	Time Unit	Total					
Health		899.22	x 378.275	339,405.16	899.22	x 6						
Pension		58.75	x 1625	95,468.75								
Legal		18.63	x 378.275	7,042.14	18.63	x 6						
Profit Sharing		13.00	x 1625	21,125.00								
401k												
Training		12.13	x 378.275	4,585.14	12.13	x 6						
Prepared By:		MARTI LINCOLN			Title:		HR/BENEFITS ADMINISTRATOR					
Email:		MLINCOLN@GCASERVICES.COM			Phone:		(718) 990-1554					
Signature:		<i>Marti Lincoln</i>			Date:							
Comments:					TOTAL DUE		468,126.19					
							Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10288-1477					

For questions regarding completion of this report or remittance of contributions, please contact Employee Services at: (212) 388-3354

032207

PAGE 11 OF 11

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds REMITTANCE REPORT EIN:		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000		32BJ BENEFITS									
Due Date: APRIL 19, 2007		Account # 02819-05531-0003-0001-10		Receipt # 2122170									
Building Name:		Address: ST JOHN'S UNIV SCATEN											
Month End Date 03/31/2007		<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> 401k	<input type="checkbox"/> Training						
Quarter End Date 03/31/2007		<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing	<input checked="" type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training						
Employees Last Name		SSN	Job Class	Full Time / Part Time	Experienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Months	Wages	401k
AHMETAJ		S	OT	F	Y			10.5	3				
BALDI		I	OT	F	Y			13	3				
BAPTISTE		M	OT	F	Y			13	3				
CANTON		M	OT	F	Y			13	3				
DE NOVELLIS		V	OT	F	Y			13	3				
DELUCA		M	OT	F	Y			13	3				
FLYNN		R	OT	F	Y		T 12/29/06	13	3				
GALE		L	OT	F	N			13	3				
GOCA		D	OT	F	Y			13	3				
JASARI		F	OT	F	Y			13	3				
JASARI		J	OT	F	Y			13	3				
KILLEN		R	OT	F	Y			13	3				
TOTALS:								142	33				
FUND		Current Due		Advance Requirement Payment		Previous Amount Due (Owed)		Total Due per Fund					
Rate		Time Unit	Total	Rate	Time Unit	Total							
Health	899.22	x		899.22	x								
Pension	58.75	x											
Legal	18.63	x		18.63	x								
Profit Sharing	13.00	y											
401k													
Training	12.13	y		12.13	x								
Prepared By: MARTI LINCOLN		Title: HR/BENEFITS ADMINISTRATOR		TOTAL DUE									
Email: MLINCOLN@GCA-SERVICES.COM		Phone: (716) 990-1554		Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477									
Signature: <i>Marti Lincoln</i>		Date:											
Comments:													
For questions regarding completion of this report or remittance of contributions, please contact Employer Services at (212) 389-3354													

032207

PAGE 1 OF 2

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds REMITTANCE REPORT EIN:		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000		32BJ BENEFITS											
Due Date: APRIL 19, 2007		Account # 02819-05531-0003-0001-10		Receipt # 2122170											
Building Name:		Address: RT RT JOHN'S UNIV STATES													
Month End Date 03/31/2007		<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> 401k	<input type="checkbox"/> Training								
Quarter End Date 03/31/2007		<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing	<input checked="" type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training								
Employee Last Name	Init	Job Class	Full Time/Part Time	Experi-enced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Month	Wages	401k			
LEKPERAJ	A	OT	F	Y				13	3						
058-88-4328															
LOPEZ	A	OT	F	Y				13	3						
056-68-4059															
LUCERO	F	OT	F	Y				13	3						
055-80-0589															
MANZIONE	D	OT	F	Y				13	3						
070-68-9539															
MC GOVERN	R	OT	F	Y				13	3						
121-35-0944															
NOEL	A	OT	F	Y				13	3						
085-52-4208															
OBRIEN	J	OT	F	Y	HS	7/09/2006		13	3						
118-42-2131															
PACHICO	C	OT	F	Y				13	3						
093-62-5739															
PACHICO	G	OT	F	Y				13	3						
076-64-2882															
PENA	M	OT	F	Y				13	3						
061-46-5238															
PENA	R	OT	F	Y				13	3						
129-84-6548															
ZIBERI	G	OT	F	Y				13	3						
066-76-3414															
TOTALS:												275	69		
FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)		Total Due per Fund						
	Rate	Time Unit	Total	Rate	Time Unit	Total									
Health	899.22	x 69	62046.18	899.22	x										
Pension	58.75	x 298276	17507.50												
Legal	18.63	x 69	1285.47	18.63	x										
Profit Sharing	13.00	x 298276	3874.00												
401k															
Training	12.13	x 69	836.97	12.13	x										
Prepared By: MARTI LINCOLN							Title: HR/BENEFITS ADMINISTRAT		TOTAL DUE 85,550.12						
Email: MLINCOLN@GCASERVICES.COM							Phone: (718) 990-1554		Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10288-1477						
Signature: <i>Marti Lincoln</i>							Date:								
Comments:															
For questions regarding completion of this report or remittance of contributions, please contact Employee Services at (212) 388-3354															

032307

PAGE 2 OF 2